

DEPENDENT DETAILS

Family Name:			
First Name:			
Middle Name:			
Relationship:			
Date of Birth: (mm/dd/yyyy)			
Coming to Saipan	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

LANGUAGE & PROFESSIONAL SKILLS

Is English your first language? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is English spoken at home? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, Language spoken at home? _____
Have you passed TOEFL? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you passed IELTS? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you passed NCLEX Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you passed NAPLEX? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you passed USMLE I? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you passed USMLE IIC? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you passed USMLE II K? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you passed USMLE III? Yes <input type="checkbox"/> No <input type="checkbox"/>

EDUCATIONAL INFORMATION - Certified copies of all records required, if more space is required attach a separate sheet with details.

	Name of School	City/State/Country	Year of Graduation (mm/dd/yyyy)
High School			
High School			
College			
College			

EMPLOYMENT INFORMATION - Attach relevant references of proof of employment listed. Important for mature aged students. If not enough space provided please attach separate sheet with details.

Type of Work	Duties	Employer	Employer Address	Start Date	Ending Date

SCHOLARSHIP DETAILS

Are you a sponsored student? Yes <input type="checkbox"/> No <input type="checkbox"/>	Home Government <input type="checkbox"/>	Other <input type="checkbox"/>
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DECLARATION - For your application to be valid you must complete Part 1. If you are under 18 your parent or guardian must complete Part 2.**PART 1 - DECLARATION BY APPLICANT**

I certify that the information on this form and the supporting documentation are correct and complete. I authorize the university to obtain other details relating to my academic record. I acknowledge that the provision of incorrect information and documentation relating to my application may result in the cancellation of my enrollment.

Signed: _____ Date (mm/dd/yyyy) / /20

PART 2 - DECLARATION BY PARENT OR GUARDIAN

(Only if applicant is Under 18)

I have read the information on this form and the details of the applicant are complete and correct. I hereby apply for the entry of my child/ward to study in University of Loyola at CNMI and declare that I have the financial capacity to meet the tuition fees and expenses in Saipan. I acknowledge that the provision of incorrect information or documentation or the withholding of the documentation or information relating to my child's/ward application may result in the cancellation of this enrollment.

Signed: _____ Date (mm/dd/yyyy) / /20